



**RETURN BIDS TO:**

**RETOURNER LES SOUMISSIONS À:**

Réception des soumissions - TPSGC / Bid Receiving -  
PWGSC

Voir dans le document/

See herein

NA

Québec

NA

**SOLICITATION AMENDMENT  
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise  
indicated, all other terms and conditions of the Solicitation  
remain the same.

Ce document est par la présente révisé; sauf indication contraire,  
les modalités de l'invitation demeurent les mêmes.

**Comments - Commentaires**

**Vendor/Firm Name and Address**

Raison sociale et adresse du  
fournisseur/de l'entrepreneur

**Issuing Office - Bureau de distribution**

TPSGC/PWGSC  
601-1550, Avenue d'Estimauville  
Québec  
Québec  
G1J 0C7

<b>Title - Sujet</b> Social Support Services Migrants	
<b>Solicitation No. - N° de l'invitation</b> B7525-210021/A	<b>Amendment No. - N° modif.</b> 005
<b>Client Reference No. - N° de référence du client</b> B7525-210021	<b>Date</b> 2020-11-25
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$QCL-052-18013	
<b>File No. - N° de dossier</b> QCL-0-43066 (052)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> Eastern Standard Time EST <b>on - le 2020-12-03</b> Heure Normale du l'Est HNE	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Proulx, Jean-R.	<b>Buyer Id - Id de l'acheteur</b> qcl052
<b>Telephone No. - N° de téléphone</b> (418) 905-0629 ( )	<b>FAX No. - N° de FAX</b> (418) 648-2209
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

Instructions: See Herein

Instructions: Voir aux présentes

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> <b>(type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

N° de l'invitation - Solicitation No.

B7525-210021/A

N° de la modif - Amd. No.

005

Id de l'acheteur - Buyer ID

QCL052

N° de réf. du client - Client Ref. No.

B7525-21-0021

File No. - N° du dossier

QCL-0-43066

N° CCC / CCC No./ N° VME - FMS

Request For Proposal B7525-210021/A is modified as follow:

1. **The maximum date for bid reception is pushed back to Thursday, December 3rd 2020, 14h00 Eastern Standard Time.**

## **2. ANNEX A – STATEMENT OF WORK**

### **Section 3.1 – Asylum Seeker Support**

#### Delete :

The entire text of articles 3.1.2a and 3.1.2b “FOR LOCATIONS 1 AND 2”

#### Insert :

#### **3.1.2 a Medical Services First Aid Services**

If required, in coordination with provincial health and IRCC, the Contractor will provide a team of two medical resources including one registered nurse, that will do primary medical assessments and give primary health care (including triage, first aid, stabilization, referral and basic public health surveillance (i.e. hand cleaning) 24 hours per day, seven days a week.

Amongst the medical team of two, there must be at least one registered nurse on-site at all times, though more than two may be necessary depending on operational requirements. Hours of work and shift schedules will be managed by the Contractor and will be subject to change as determined by IRCC in consultation with the Contractor.

#### **3.1.2 b Skilled Nursing Care**

If required, the Contractor will provide additional medical resources to provide skilled nursing care for asymptomatic asylum seekers with special needs (e.g. assistance with activities of daily living, such as feeding, bathing, dressing etc., patient monitoring, controlled medication administration, wound management, coordination with other modalities such as therapists and specialists), 24 hours per day, 7 days a week. Reasonable expenses directly related to equipment such as the rental of material and devices to fulfill these obligations will be reimbursable via direct costs.

#### **3.1.2 c Health and Sanitation Services**

If needed and determined by the technical authority of IRCC, the Contractor must provide health and sanitation services including but not limited to treatment of luggage and personal effects for bed bugs or other such insects.

N° de l'invitation - Solicitation No.

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B7525-21-0021

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QCL-0-43066

N° CCC / CCC No./ N° VME - FMS

As required, the Contractor must provide asylum seekers with information on COVID-19, the importance of self-isolation and social distancing in the prevention of the spread of the virus (e.g. handouts, links to websites, verbal updates).

### **3. ANNEX B – BASIS OF PAYMENT**

#### Delete :

The entire Basis of Payment

#### Insert :

The new Basis of Payment enclosed

#### Summary of Basis of Payment modifications:

- Addition of section 2 – Skilled Nursing Care Hourly rate
- Amendment of section 3 – Direct Costs
  - Addition of Equipment Rental

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All other terms and conditions of the solicitation remain the same.

## ANNEX B - BASIS OF PAYMENT

### 1. Daily Services

The firm all-inclusive daily rate includes: labor cost, benefits, general and administrative expenses, overhead, transportation, benefits and others, except applicable taxes.

All expenses normally incurred for the provision of services, including but not limited to: training, premises for the project (including contractor's hardware and software), reports, quotes, photocopies, messaging, service charges, telephone charges, travel expenses must also be included in the firm all-inclusive daily rates shown below and will not be accepted as direct expenses to be reimbursed.

The firm all-inclusive daily rate refers to a 24 hour period.

Bidders should take into account that overtime and statutory holidays are included in the firm all-inclusive daily rate.

**Table 1 – Services For Location 1 (As Described In Annex A)**

Site Capacity	Firm all-inclusive daily rate (\$/day)						
	Period 1 (Firm) Contract Award to March 31 2021	Period 2 (Optional) April 1 <sup>st</sup> 2021 to Sept 30th 2021	Period 3 (Optional) Oct 1 <sup>st</sup> 2021 to March 31st 2022	Period 4 (Optional) April 1 <sup>st</sup> 2022 to Sept 30th 2022	Period 5 (Optional) Oct 1 <sup>st</sup> 2022 to March 31st 2023	Period 6 (Optional) April 1 <sup>st</sup> 2023 to Sept 30th 2023	Period 7 (Optional) Oct 1 <sup>st</sup> 2023 to March 31st 2024
Capacity of the site from 1 to 200							
Capacity of the site from 201 to 500							
Capacity of the site from 501 to 700							
Capacity of the site from 701 to 900							

**Table 2 – Services For Location 2 (As Described In Annex A)**

Capacité du Site	Firm all-inclusive daily rate (\$/day)						
	Period 1 (Firm) Contract Award to March 31 2021	Period 2 (Optional) April 1 <sup>st</sup> 2021 to Sept 30th 2021	Period 3 (Optional) Oct 1 <sup>st</sup> 2021 to March 31st 2022	Period 4 (Optional) April 1 <sup>st</sup> 2022 to Sept 30th 2022	Period 5 (Optional) Oct 1 <sup>st</sup> 2022 to March 31st 2023	Period 6 (Optional) April 1 <sup>st</sup> 2023 to Sept 30th 2023	Period 7 (Optional) Oct 1 <sup>st</sup> 2023 to March 31st 2024
Capacity of the site from 1 to 150							
Capacity of the site from 151 to 300							

*NOTE: The price indicated is for the sum of the Asylum Seekers present on all the sites identified in the Location 2 group.*

## 2. Skilled Nursing Care Hourly Rate

At firm hourly rates, inclusive of overhead and of profit, GST/HST extra, DDP destination (for goods), in accordance with the following:

**Table 3 – Hourly rates for Skilled Nursing Care (As Described In Annex A)**

Description	Hourly Rate (\$/hour)
Skilled nursing care as described in articles 3.1.2-b of Annex A	_____ \$/h

Reasonable expenses directly related to equipment such as the rental of material and devices to fulfill these obligations will be reimbursable via direct costs at section 3 and must not be included in the hourly rate.

## 3. Direct Costs

The Contractor will be reimbursed for the direct expenses described in Table 4 or pre-approved by IRCC which it has reasonably and appropriately incurred in carrying out the work. These expenses are reimbursed at actual cost, increase defined in Table 4, upon presentation of a detailed statement of costs, accompanied by appropriate receipts in accordance with the invoicing instructions provided for in the contract.

**Table 4 – Direct Cost of Personal Items (As Described In Annex A)**

Description	% of increase to actual cost (%)
Personal items on the site and in inventory as described in articles 3.1.2.1, 3.1.3, 3.1.7 of Annex A	6%
Optional Security Services as described in article 3.1.6 of Annex A	6%
Health and sanitation services (treatment of luggage and personal effects for bed bugs or other such insects) as described in article 3.1.2c of Annex A	6%
Reasonable expenses directly related to equipment such as the rental of material and devices to fulfill the obligations described in article 3.1.2-b of Annex A	6%